## **2002 MICHIGAN Homestead Property Tax Credit Claim**

## 2002 **MI-1040CR**

Issued under authority of P.A. 281 of 1967. Filing is voluntary. Please type or print in blue or black ink.

Attachment Sequence No. 05

	▶ 1. Filer's First Name, Middle Initial and Last Name	2. Filer's S	ocial Sec	curity Number
HERE				
	If a Joint Return, Spouse's First Name, Middle Initial and Last Name	3. Spouse's	Social :	Security Number
LABEL				
	Home Address (No., Street, P.O. Box or Rural Route)	Office U	se	
PLACE	City or Town State ZIP Code	A School F	ietrict C	ode (see page 45)
PL/	State Zii Gode	<b>4.</b> Ochool L	JISTITICE C	ode (see page 40)
<b>&gt;</b> 5	Residency Status in 2002: c. Part-Year Resident. Complete Dates: •6. Check the box	y(es) for w	hich vo	n dnality.
7 3.	FROM IO	` '	ر آ	Paraplegic, Quadriplegic
a.	☐ Resident YOU           ☐ Unremarried			or Hemiplegic Totally and Permanently
b.	Nonresident  Month Day Year Month Day Year   D.   a person who	was 65 or		Disabled (see p. 20) Blind/Deaf
<u> </u>				
	Homeowners: Enter the 2002 taxable value of your homestead			
	Property taxes levied on your home in 2002 (see page 19) or amount from line 42, 47 or 49  Renters: Enter rent paid in 2002 from line 44		▶ 8	.00
	·			00
	Multiply line 9 by 20% (.20)		_	.00
	Total. Add lines 8 and 10		11	.00
	ISEHOLD INCOME. Include income from both spouses. If your sehold income is more than \$82,650, you are not eligible for a credit.			
	Wages, salaries, tips, sick, strike and SUB pay, etc.		12	.00
	All interest and dividend income (including nontaxable interest)			.00
	Net rent, business or royalty income			.00
	Retirement pension and annuity benefits. Name of payer:		-	.00
	Net farm income			.00
	Capital gains less capital losses (see page 21)		_	
			_	
	Alimony and other taxable income (see page 21). Describe:  Social Security, SSI and/or railroad retirement benefits		· <del>-</del>	.00. 00.
	Child support (see page 21)			
	Unemployment compensation			
	Other nontaxable income (see page 21). Describe:			
	FIP and other FIA benefits		23. <u> </u>	
	SUBTOTAL. Add lines 12-24			.00
	Other adjustments (see page 21). Describe: 26		20	
	Medical insurance or HMO premiums you paid for you and your family 27.			
	Add lines 26 and 27		28	.00
	HOUSEHOLD INCOME. Subtract line 28 from line 25		_	.00
	Multiply line 29 by 3.5% (.035) or by the percent in Table 3 (see page 22)			.00
31.	Subtract the amount on line 30 from line 11. If line 30 is more than line 11, enter "0"			.00.
	ors (65 and older) and anyone else who checked a box on line 6, complete lines 33 or 34. FIA recipients, complete line 33. All others must complete line 32.			
	Multiply line 31 by 60% (.60) (maximum \$1,200). Go to line 35		32.	.00
	FIP/FIA recipients, complete lines 50-53 and enter amount from line 53 here. Seniors who pa		_	
00.	rent, complete lines 54-58 and enter amount from line 58 here (maximum \$1,200). Go to line 3	•	33.	.00
34.	Senior homeowners or anyone who checked a box on line 6 (if you completed line 33, skip this enter the amount from line 31 (maximum \$1,200). Go to line 35	line),	_	.00
35.	<b>CREDIT.</b> If your household income (line 29) is less than \$73,650, enter the amount that applies		J r	
JJ.	from line 32, 33 or 34 here. If it is more than \$73,650, you must reduce your credit (see instructions)			
	page 22). If you file an MI-1040, carry this amount to your MI-1040, line 30		▶ 35	.00
				<u></u>
	Direct Deposit your refund a. Routing Number ▶	b. Accour	nt Type:	(1) Checking (2) Savings
	Direct Deposit your refund a. Routing Number b directly into your bank account! See pg. 14	<del>                                     </del>		Gavings

a. Routing Number					b. Account Type:				(1) <u> </u>	Che Savi	
. Account Number >											

## PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads you are claiming credit on.

36.	Address of where you lived on December 31, 2002, if differ	rent than reported on line 1.		Taxal	ble Value	
37.	Address of homestead sold during 2002 (No., street and ci	ble Value				
If yo	u bought or sold your home in 2002, complete	e lines 38-42. HOME	STEAD:	A. Bo	ought	B. Sold
38.	Number of days occupied. (Total cannot be	more than 365.)	38.			
39.	Divide line 38 by 365 and enter percentage h	ere	39.		%	%
40.	Property taxes levied in calendar year 2002 .		40.			
41.	Prorated taxes. Multiply line 40 by percentage	ge on line 39	41.			
	Taxes eligible for credit. Add line 41, column		41.		42	.00
PAI	RT 2: RENTERS					
43.	Address of Homestead You Rented (No., Street, Apt. #, City)	Landannada Nana and Addus		o. of Months	Monthly	Total Rent Paid
Α.	(No., Street, Apt. #, City)	Landowner's Name and Addres	SS	Rented	Rent	A.
۸.						Α.
В.						B.
44.	Total rent paid (not more than 12 months). A	dd total rent for each period. E	nter here and	on line 9	44	.00
	,	·				
	RT 3: OCCUPANTS OF HOUSING ON	WHICH SERVICE FEES A	RE PAID IN	STEAD OF	TAXES	
45.	Name and Address of Housing Project or Landowner					
	Enter the total rent you paid in 2002. Do not in					.00
47.	Multiply line 46 by 10% (.10). Enter here and	d on line 8			47. <u> </u>	.00
PAI	RT 4: OCCUPANTS OF NURSING OR	ADULT FOSTER CARE H	OMES OR H	OMES FO	R THE AGI	ED
	Name and Address of Care Facility					
49.	Your share of taxes paid by the landowner (s	ee page 19). Enter here and	on line 8		49	.00
PAI	RT 5: CREDIT PRORATION. Complete	if you received FIP/FIA benefit	S.			
	Subtract line 24 from line 29 and enter here	•			50	.00
51.	Divide line 50 by line 29 and enter percentag	e here				%
52.	If you checked a box for 65 or older or check	ed any box on line 6, enter the	amount from	line 31.		
	All others, multiply amount on line 31 by 60%		-		52. <u> </u>	.00
53.	Multiply line 52 by percentage on line 51. If y		•			.00
	enter here and on line 54 and complete lines	55-58. Otherwise, enter here	and on line 33	)	53	.00
PAI	RT 6: ALTERNATE PROPERTY TAX O	REDIT FOR RENTERS A	GE 65 AND (	DLDER		
	Enter amount from line 31 or from line 53					.00
	Enter rent paid from line 44 or line 46. (If you			-		.00
	Multiply the amount on line 29 by 40% (.40) a					.00
	Subtract line 56 from line 55. If line 56 is mo					.00
58.	Enter the larger of line 54 or line 57 and carry	y this amount to line 33			58	.00
	Deceased If filer is deceased, enter date of death.	<b>&gt;</b>	If spous enter da	e is deceased, ite of death.	<b>&gt;</b>	
I de	clare under penalty of perjury that the information in this re	turn and attachments is true and			erjury that this ret any knowledge.	turn is based on all
	plete to the best of my knowledge. authorize Treasury to discuss my return with my preparer.	☐ Yes ☐ No		SSN, PTIN or F		
	's Signature	Date				
			▶ Preparer's I	Name and Add	ress	
Spo	use's Signature	Date	1			